DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

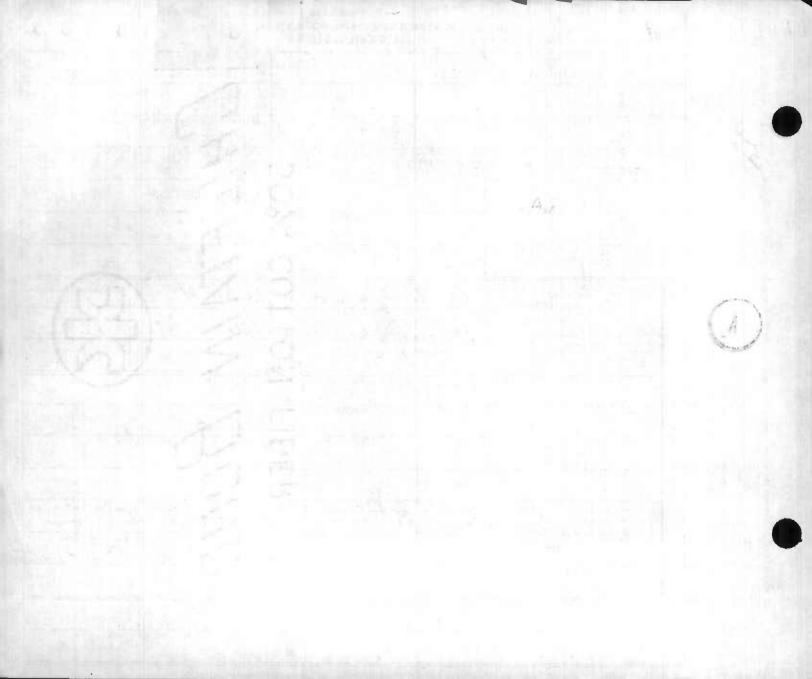
REG. NO.

8

	1. DEC	CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	{ TYPE	Charlott	te Marie	Addis		March 1	6, 198	7	11:59
	3 SEX	X	RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
	,	FENALE	CAUC.	FLB. 2	T', 1922	65	YRS	ONIHS DAYS	HOURS MIN.
12	To BII		LOUNTRY	? 8	EVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
15		PENNA.	USA	WIDOWED	DIVORCED	Kent			MD
14	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHE	R INSTITUTION	120 USUAL OCCUPATION		126. KIND O	F BUSINESS OR
21	Cl	hestertown /	The Kent & Que	en Annes I	Hospital,	Inc.	APILLE I	INDUSTRI	HUME
75		AL RESIDENCE (IF NURSING HOME OF C			SIDE CITY LIMITS?	113 STREET ADDRESS	ZIP CODE		
27	FL	APYLAND Q	AT. CRUTPT	() () (13 STREET ADDRESS /	eet		1628
VI		ATHER'S NAME	AIDDLE LAST		THER'S MAIDEN NA			0 = 1 = 445	,
10	1	LAWTENCE	GAVIN		MA "GARET	, moot	D	OLAN	
0		VAS DECEASED EVER IN U.S. ARM YES, NO, OR UNKNOWN) (IF YES GIVE	WARORDATEC		ORMANT	ADDRE			
3		In O	192-12	-5632 CI	EON ADDI	S husban	d s	ame	
		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED	y one couse per line for al, (b), o	nd ic · ·	7	Gasa	7	BETWEEN	MATE INTERVAL ONSET AND DEATH
			CAUSE (0)	aozsa	anony	www.			
			DUE TO, OR AS ACONSEQU	JENCE OF	- t.	17	nat	1	, 1
		Conditions, if any, which	(p) 10000	our Cl	nle 100	della 1	U.I.	114	- Krs.
		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	11 -	HOR			100	1.1
			(c)	electes	11.00				Your
	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVE	N IN PART 110	> (
+	ATK	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
	CERTIFICATION	BETT STORY				YES NOT	IN CERTIFYI	ING CAUSES	OF DEATH?
-	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c Ho	OW INJURY OCCUR	RED (ENTER NATURE OF INJUR		RT I OR PART 2)	
4		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	DAY YEAR					
/	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY	21f to	CATION	CITY OR TO		COUNTY	STATE
	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE,	FARM ETC)	STREET	CHTORIO	WN	COUNTY	SIAIC
		22a.1 certify that (I) (this haspite	ol) attended the deceased from.	3/16	19.87		(9.87	that (I) (we) last
		sow the deceased alive on above, (1) (we) (did) (did not)	y less the hady after death	27 , and that i	n (my) (our) opinion	death occurred on he do	te and hour	and from the	couses stated
		226. SIGNATURE	The soay one down	DEGREE		STORE OF BUILDING	-11-4-0	22r. DATE	SIGNED
		7	7	MI	ATTENDING PHYSICIAN D	MEDICAL STAF		13/	14/87
7		714 PHYSICIAN'S NAME THEOR	(mint)	22e A	DDRESS	omo bett	Thiumo	TAT I	07657
		MICH DEI		JNI	CO N TE.	CTR MILL	INGTO	N, IL	ZLOJL
	23a B	BURIAL, CREMATION, REMOVAL		NAME OF CEMETER		23d LOCATION		COUNTY	STATE
		DOSLAND	3/20/87	C UMPTON		CRUI PTC		A. IT)
/84	24 FL	JNERAL DIRECTOR	270 TTAPORESS	CVITACON	CHANAN	E REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	URE
		LICIS F.H. BO	X 270 MILLIN	GION, DI) 5TPP原(V)	1 40 190/		- 1	· Branchista

DHMH - 16 60M 7/84 (VRA 15, 4)

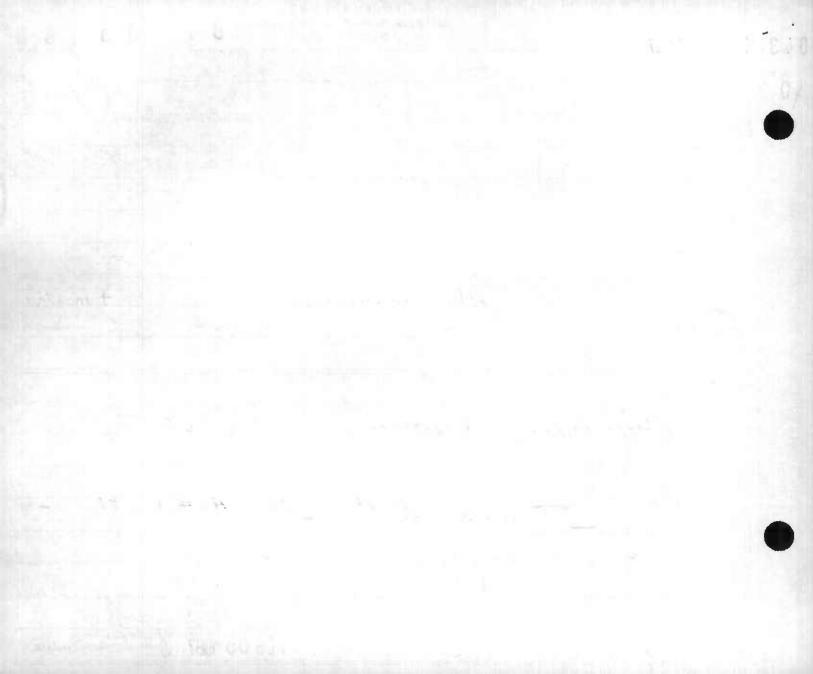
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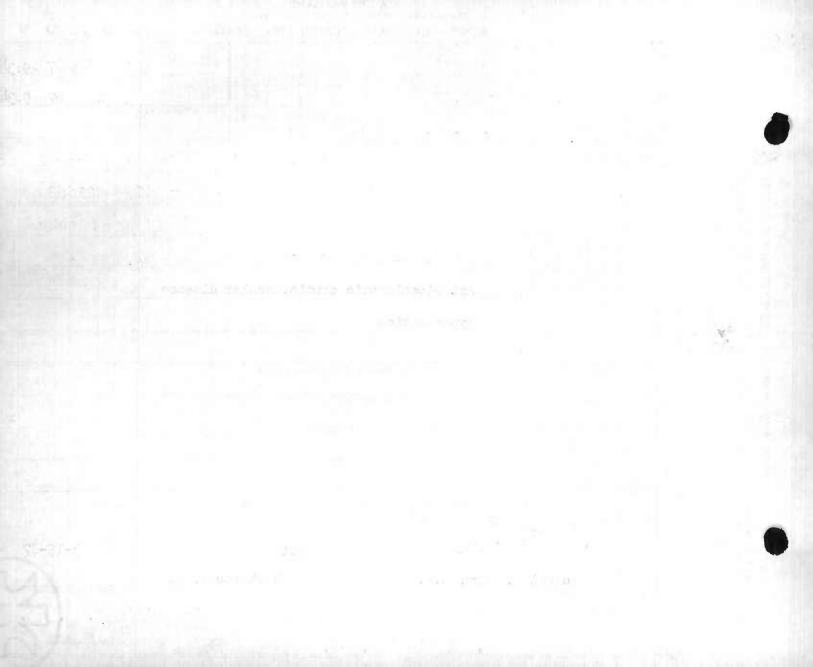
	1				STAT	E OF MARYLAND						
048346 MAR	37.	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL HY	GIENE 8 /	O	8 4 8	1		
moy be poge 3		CEASED NAME FIRST	rd P. Bai	ley		AST	March 18,		YEAR 26 HOU	D M		
ge 4 moy ector. po	3 SE	x male	4. RACE white		S. DATE O		6. AGE (IN YEARS LAST B	IRTHDAY) IF UN	DER LYEAR IF UNDER	AIN		
leoth. Pa		RTHPLACE (STATE OR FOREIGN downing) ddletown, N.			TRY? 8	D NEVER MARRIED	Vant Ca	OR COUNTY OF	DEATH	MD		
by the full sided with		estertown	Kent &	HOSPITAL, NU CHEACILITY, GIVE S Queen	JRSING HOME (STREET ADDRESS) Anne Ho	or other institution spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) JOURNALIST INDUSTRY					
filled in odd be to the filled	1180	AL RESIDENCE (IF NURSING HO STATE aryland 13b C	ME OR OTHER INSTITUTION OUNTY		TOWN tertown	13d INSIDE CITY LIMITS? YES NO XX						
MARYLL and within on the construction of the c	14 F	ATHER'S NAME FIRST William	F. Baile	y		15. MOTHER'S MAIDEN N	Madden Middle		LAST			
BALTIMORE, MARYLAND 2120 sote be executed within 24 hours ysicion and completely filled in by apers. Pages 1 and 2, hadd be fill wol. It the medical examiner under be fill it, the medical examiner and the fill it.	1	WAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YE	S. ARMED FORCES? S GIVE WAR OR DATES)		9 8684	Richard T.		REBox # 70 stertown	47 , Md. 216	20		
NG PHYSICIAN The low requires that it controlled by the certificate has been signed by the certificate of the new Taylorene prior to buriol, creative the controlled of them 18 shows any injury, or other travirialities.	NOI		b (b) DUE TO, O	r as a cons		NOT RELATED TO THE TER						
At RECC	CERTIFICATION	194 DATE OF OPERATION			HICH OPERATIO	N WAS PERFORMED	200 AUTOPSÝ? YES NO	IN CERTIFYING		TH?		
VISION OF VITA G PHYSICIAN T of the buriol-trons ond Mentol Hygy ked or Item 18 sh	MEDICAL CE	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF THE ETHER NOTHY MEDICAL EXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	MINER) HOUR A		DAY YEAR 19	211 LOCATION	RRED (ENTER NATURE OF IN)			STATE		
R ATTENDI hospitol or RECTOR A red for use ipt. of Heal		220. I certify that (I) (this sow the deceased almobove, (I) (we) (did) (d. 27b. SIGNATURE	e on			nd that in (my) (our) opinio			,			
TO HOSPITAL O retained by the TO FUNERAL DI should be detack with the State De Mith Post PANT: If h		In friend for 1224 PHYSICIAN'S NAME (Michael	TYPE OR PRINT) Bienefel	d		PHYSICIAN 222 ADDRESS Chestertow	MEDICAL ST. DIRECTOR □ PHYS	ician 🗌				
BP	Ila.	BURIAL, CREMATION, REMO	3/21/	87	St Pau	EMETERY OR CREMATORY	23d LOCATION Chester	town, Md	unty 5	STATE		
DHMH - 16 60M 7/84 (VRA 15, 4)	14 (L DIRECTOR ME	1000		Willis estertow		R 2 4 1987	R 256 REGISTRAR	S SIGNATURE			



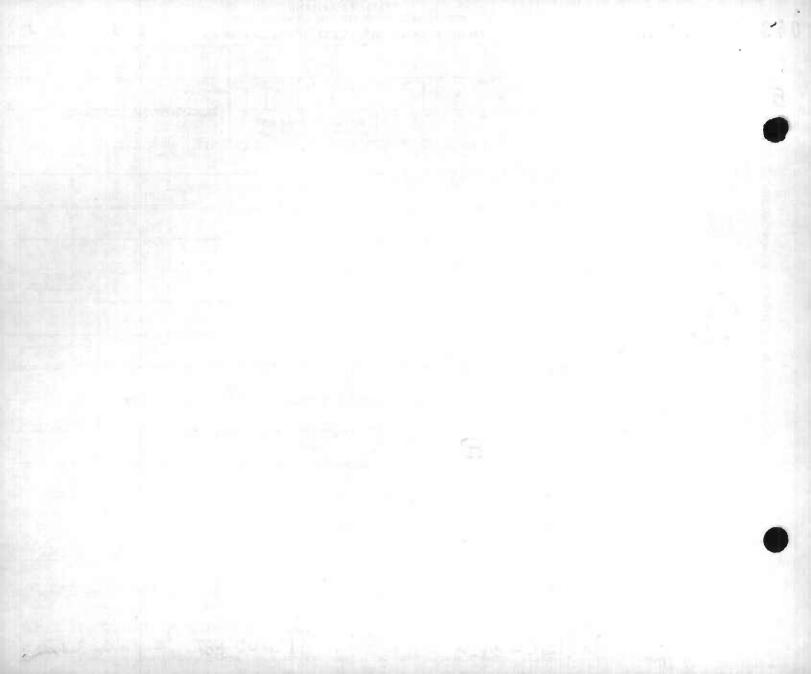
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) "B" BERNECHE HOMER Feb. 1, 1987 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3. SEX IF UNDER 1 YEAR IF UNDER 24 HR NOV. 28. 1913 YEAR Male White 73 Ta. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Kent Co Mass. DIVORCED [WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR First St. Auto Parts Salesman At Home Betterton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 130 SIREET ADDRESS / ZIP CODE First St. 136 COUNTY Kent Betterton Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Laura LaJoy LAST LAST Phillip. Berneche 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Firest. Betterton, 21610 Yes NO OR UNKNOWN) D36 05 2848 A Ethel Berneche APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Munocar cinuma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 170515 NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE 22a | certify that (1) (the trongitud) attended the deceased from_ 1986 saw the deceased alive an __ and that in (my) (con) apinion death accurred an the date and have and from the causes stated abave, (1) (walded) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING 2/2/1987 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS old b Wayne D. Benjamin Chestertown, Md. 21620 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 2/5/87 (SPEBurial Still Pond Cemetery Still Pond, Maryland J. Willis Wells Julia Davidson. DHMH - 16 60M 7/B4 Chestertown, Md. (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE KNOWN MONTH 2b. HOUR TTPE OR PRINT) OF ESTI-EFUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS DEATH MATED 19 8 9:3 6 AGE (IN YEARS | IF UNDER 1 YR. 3 SEX 4. RACE DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED DEAD 19 87 9:3 TO BIRTHPLACE (STATE OR **9 BALTIMORE CITY OR COUNTY OF DEATH** WHAT COUNTRY? MARRIED ANEVER MARRIED FOREIGN COUNTRY) Delaware Kent WIDOWED [DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) nestertown Queen Annes Hospital Worker General Line SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE COUNTY 13e. STREET ADDRESS PRESTON ST., BALTIMORE, MD. 2120 13d: INSIDE CITY LIMITS? 21668 H) FATHER'S NAME IS MOTHER'S MAIDEN NAME GES 1, MIDDLE MIDDLE Plochy John Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMANI ADDRESS 27-76-79/17 William James Comervs Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Hypertension gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 USED AS A BURIN OF HEALTH AND RIAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:40 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? THIS CENTER WELLING THE WELLING THE CHIEF RWARDED TO THE CHIEF THE PAGE 3 SHOULD BE USE OF STATE DEPARTMENT OF STATE DEPARTMEN YES [] NO A 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY TATHOME. 21f. LOCATION EXECUTT HE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNCE OF 3 AFTER DATH, WITH HE STATE DE BALLIMORE, MARYLAND, 21201 PR AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF LOWN STATE COUNTY Inspection X Autapsy 22a I certify that I taok charge of the remains described above, held an Inquiry and in my opinion Natural causes X Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL 3-19-87 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Robert W. Farr, M.D. Chestertown, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Buria Sudlersville Cometerv Sudlersville BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Millington. (VR A15 ME (5)) Home. Follows Funosas 20M 4/82



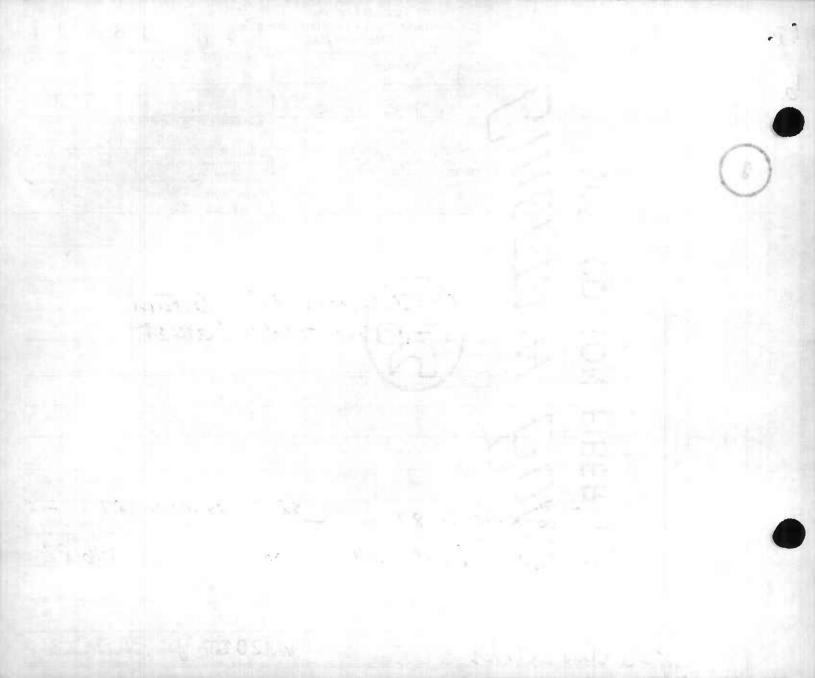
7.9 FEB	lh:	FOR Med		3/0/0/	EPARTMEN	T OF HEALT	H AND MENTAL	6 B	THE !	0	8	9	0
40.0	1. DE	CEASED NAM	GD7.	77120	MIDDLE	WILLIAM 3	LAST		IV.	G. NO.	AONTH E	DAY YEAR	7b. HO
		PE OR PRINT)				D.		· · ·	OF ESTI				
	3. SE	X	EDNA 4 RACE	5. DATE OF BIRTH			IERKER Inder 1 yr. I/F und	ER 24 HRS. 7	DATE			1 19 8 T	2d. HOU
	F	emale	White	Feb. 24,		2 YRS.			RONOUNCED		2	1 19 87	4:45
		IRTHPLACE (S	TATE OR	76. CITIZEN OF WH.	AT COUNTRY?	8 MAR	RIED NEVER MA	RRIED 1	BALTIMORE	ITY OR C	OUNTY	OF DEATH	
		aryland		Usa				RCED	Kent C				MD
	10. 0	ITY OR TOWN	OF DEATH	11. NAME OF HOSP			HER INSTITUTION	12e. USU	AL OCCUPATION	N (TYPE OF V	WORK 12h	OR INDUST	
1		Chester		Kent & Qu	ieen An	ne Hosp	•	Ноп	ost of working lift nemaker	.,			
li.	M	at RESIDENCE STATE aryland	13h COUN	OR OTHER INSTITUTION, GIVE NTY NT	RESIDENCE BEFORE 13. CITY OR T ROCK H		134 INSIDE CITY LIMITS	13e STRE	erty & S	harp	Sts	214	061
ħ	14. F	ATHER'S NAM			LAST		15. MOTHER'S MA		-				
		Samuel P. Gears Christina Tinda										LAST	
	16a.	WAS DECEASE		MED FORCES?	16b. SOCIAL S		17. INFORMANT		ŔŦ	BESS	21	1620	
		no	(4 123, 011	WAR ON DATES	215 38	1698	John R. I)ierker	, Jr. c	hest	ertov	wn, Md	
1		18 CAUSE C	F DEATH (Enter or	nly one couse per line f	ar (o), (b), ond	(c).)		THE EN			T	APPROXIMAT BETWEEN ONS	TE INTERVAL
	7	PARTIDI	MMEDIA	D BY: TE CAUSE (a) H∈	ad in	juries	Late Bulleton					DETWEET ON S	LI KIND DE KIII
	1	001	/	DUE TO, OR A	S A CONSEOL					0.5			100
ļ			ns, if ony, which se to immediate										
			stoting the under	< · ·	S A CONSEOL	JENCE OF							
		lying co	35e 1051.	(c)									
		PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH RE	IT NOT RELATED TO	THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN	PART 1 to).					
1	O			Aspirat	ion P	neumon	ia						
1	CAT	19a DATE OF	OPERATION	19h. CONDITI	ON FOR WHIC	HOPERATION	WAS PERFORMED?					20 AUTOPSY	'?
	CERTIFICATION	4											NO 🗌
0			CAUSEWAS OF TIE	116 TIME OF	NJURY MONTH DAY		HOW INJURY OCCUR						inc
)	MEDICAL	CONTRIBUTI	NG CAUSE OF	DEATH 1 : 3R.L.	2 1	1987 t	ransferr	ed fro	rom ho	to	chai	ir.	ing
1	VED!	21d INJURY		21e PLACE OF	FINJURY (AT	HOME, 211. L	OCATION STREET	(Cheste.	rtow	n, k	Kent,	Md.
	>	WHILE AT WORK	NOT WHILE	nursi	ry FARM. EIG 10	me Ma	gnolia H	all N		Hom	e,		STATE
		27g cert	fy that I took than	of he remains speci	ibad about he	eld on Auto	psy X. Inspec	tion .	Inquiry .	and in	my opinio	on	
7	1	death result	/ /	Tolsout IV	Formu XX	Suicide	. Homicide		mined manner		y opinic	J11	
		360111163011	(7)	11/1	ma	Juicide [TITLE (SPECIFY)	Ondeter	mineo monner	<u></u>			
	1	ACTUAL SIGNATURE	1/1	ne o,	011	LE MIL	M.D. Assista	nt. MEDIC	AL EVALUED		DATE SIGNED_	2-2-8	87
		essanitens.	NAME	1	134							2 2	
1		EXAMINER'S (TYPE OR PRI	NT) Cha	arles P. Ko	okes, M	.D.	_ADDRESS111		St., Ba	lto.,	, MD	21201	1
	23a.E	URIAL, CREMA	TION, REMOVAL				OR CREMATORY	23d LOC			COUNTY	5	TATE
		Burial		2/4/1987			el Cem.		k hall,				
	24 6	UNERAL DIREC	TOR	/ AUFURESS		is Well	1 40 5-1	REC'D BY F	REGISTRAR 255				1
	17		Mis	Wells	Chester	town, M	d.	000	198/ 19	dia Di	cordern	· Landas	2



Jose Willis Wells

Chestertown, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) AROLA 3 SEX 4 RACE 5. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAY DAYS HOURS 063 70 BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY d WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LEXEE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY STERTULLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13CCITY OR TOWN 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME HAIRS 16g WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OF UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY graulaton DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (o) Many DUE TO, OR AS A CONSEQUENCE OF sclerosis - severe debilite hulliple Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL NO [7 In ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hyc HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from_ Frencas 87 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and havr and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED 0 ATTENDING MEDICAL STAFF FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS hould b MPORT G. BRUMBUN CHESTERTOWN, Med 21620 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION BP. ESTERFIELD CEMETERY CENTREVILLE KURIAL 24. FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 CHESTERTOWN, MO (VRA 15 (4))

The contract of the sand THE ORIGINAL SHOWS ALL THE SERVICE SALES

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	FOR - STATE - REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	08493
	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Frances	s Estelle	Harrison	March 20	1987 7:55 _M
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
ı	Female	White	Oct. 12, 1925	61 YR	MONTHS DAYS HOURS MIN.
ì	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	
f.	North Carolina	U.S.A.	WIDOWED DIVORCED	Kent	MD.
ř	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
1	Chestertown	Kent and Quee	en Anne's Hospital	Housewife	GUFE) INDUSTRY
4	UAL RESIDENCE (IF NURSING HOMFOR	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e.STREET ADDRESS / ZIP CO	ODE
7	Maryland VQ.	A. Church H		P. O. Box 14	
d	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
	Joseph Leonar		Hattie Tr		(AS)
2	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	URITY NO. 17 INFORMANT	ADDRESS	
9	No		3336 Raymond M. Ha	arrison sa	me as above
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO	e 1010 PATHIC P		GIVEN IN PART II
7	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
1	OR CONTRIBUTION CAUSE OF DE	TH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	CAUSE OF DEA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an above (1) we (did) (did no	tol) attended the deceased fram	87, and that in my our) opinian	to 3/20 death accurred on the date and h	that we) last hour and from the causes stated
	276 SIGNATURE Ungener 274 PHYSICIAN'S NAME HYPEOL	u Coll		MEDICAL STAFF DIRECTOR PHYSICIAN	3/21/87
	VIRGINIA	n comen		599	21620
1	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Burial 24 FUNERAL DIRECTOR	03-22-87 C	rumpton Cemetery	Crumpton E REC'D, BY REGISTRAR 256 REG	Q.A. MD

DHMH - 16 60M 7/84 (VRA 15, 4)

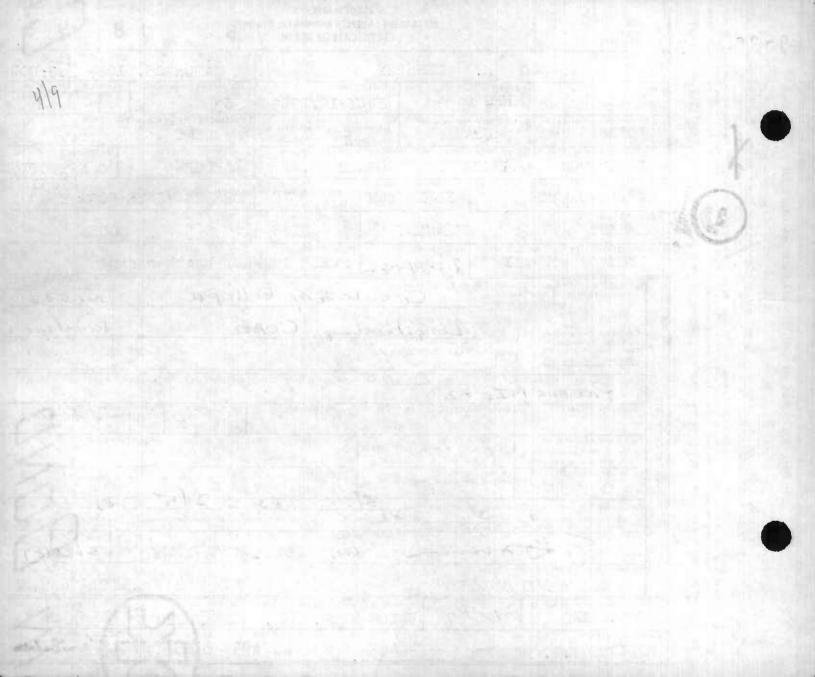
Tom Helfenbein Funeral Home, Church Hill, MD

Adia Fridam Padaca

and the death, at . for parties and an analysis of the state of the st orus sarolina di A.S.A. anticasa arto. TENTE SET YOU IN THE SET OF SE work in area nearway. A locate of the store The state of the s , Lam auditenbern Junephi Home, Church 1811, D. S. S. I. I. I. I.

(VRA 15, 4)

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 / REG. 1	NO.	0	8	do-	9	4
ATE OF DEATH	MONTH	DAY	YEAR	2	HOUR	
	3	11	Q	7	5.5	5

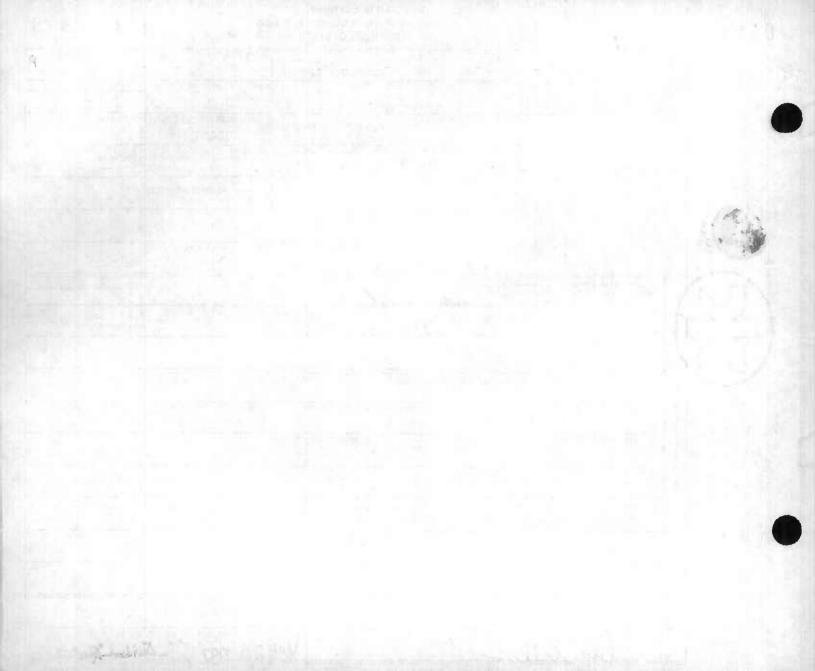
	REGISTRAR			CERTIF	ICATE OF DEATH	S / REG. N	10.	0 *	1 7 2
ľ	1. DECEASED NAME F	IRST	MIDDLE		LAST	20. DATE OF DEATH	MONIH	DAY YEAR	26 HOUR D
1	S	eaford	NMN	L	eager,Jr.		3	11 87	5:55 M
I	3. SEX	4 RACE		5. DATE		6 AGE (IN YEARS LAST BI		MONTHS DATS	IF UNDER 24 HRS
ı	Male	whit	e	June		65	YRS	MONTHS	HOURS MIN.
4	TO BIRTHPLACE (STATE OF FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	110000
1	Maryland	USA		WIDOWI	****	KENT			MD
1	10 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
1	Chestertown	The Kei	nt & Queer	n Ann	es Hospital,IN	C. Farm		Owne	er
4	USUAL RESIDENCE HE NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			- International
þ	100	Kent	Galena	N	YES NOWEN	RFD	/ ZIP CODE	216	35
1	14 FATHER'S NAME				15 MOTHER'S MAIDEN NAM				
4	George Seat	ford Leager	LAST		Beulah	Kendall Kendall		ŁAS	ST.
1	60 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Wife	ADDR	ESS RFL)	- 1
1	(YES, NO OR UNKNOWN) 1.	FYES, GIVE WAR OR DATES)	218 12 1	671	Gladys Leage	r Galena	, Md.	21635	
ł	IL CAUSE OF DEATH	Enter only one couse pe	r line for io. (hi and	die			-	APPROX	MATE INTERVAL ONSET AND DEATH
I	PART I. DEATH WAS	MEDIATE CAUSE (0)	cardisi	anes	<i>t</i>	10111000			
1	The state of the state of	DUE TO, C	R AS A CONSEQUE	NCF OF	0 1			19 17 18	
1	Conditions, if ony, w		myscarle	il	tarction				
ı	couse (a), stating		R AS A CONSEQUE	NCE OF	100				
۱		(c)_							
۱		CANT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIV	VEN IN PART 1	Q
4	190 DATE OF OPERATIO	N. TIME CONID	ITION FOR WILIGH	ODEDATIO	IN WAS PERFORMED	20g AUTOPSY?	Table 15 VE	S, WERE FINDIN	HOC HOCE
ı	2 IN DATE OF OPERATIO	N 196 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED		IN CERTIF	FYING CAUSES	OF DEATH?
4	210. ACCIDENT WAS UNDERL	YING [] 21b. TIME C	DE INTITION		121. HOW INTURY OCCUPS	YES NOL	YE		ИО 🗌
Ì		110110	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	CD (ENTER NATURE OF INJ	JRY IN TIEM 18 1	PART (OR PART 2)	
	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED		.M. OF INJURY	19	21f LOCATION				
1	WHILE NOT WHILE	LAT HOME ST	REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY OR TO	NWO	COUNTY	STATE
I	AT WORK AT WORK								
1	22a.1 certify that (1) (the saw the deceased of		ne deceased from 10		nd that in (my) (our) opinion o	death accurred on the c			that (1) (we) lost
ı	obove, (I) (we) (did)	(did not) view the body	ofter death.		DEGREE	dediti occorred on me c	adie ond noc	22c DATE	
ı	much l h	in leles			MD ATTENDING	MEDICAL STA	AFF _		2/87
+	22d. PHYSICIAN'S NAMI	(TYPE OR PRINT)			PHYSICIAN &	DIRECTOR PHYSI	CIAN	1 -, -,	
	Michael B		M.D.			wn, Md. 216	20		
4	22- BUBIAL CREATATION ST	140VAL 221 DATE	122 .	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
1	230 BURIAL, CREMATION, REA	MOVAL 236. DATE 3/15/8			r Cometery	Chestert	own.	Md 0001216	20 STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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J. Willis Wells Chestertown, Md.

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147958	WAR 21	E RES	STATE REGISTRAR			DICAL EXAMIN					REG. NO.	0 8	45	96
L #88	: 85 F.		CEASED NAME E OR PRINT)		ERMAINE	MARG	ONTIN	Margo	otin	O.F.	E KNOWNX		1 19 87	10:0
	M STREET,	3 SEX	nale	4. RACE white	Feb. 28	1901 6. AGE (IN YE LAST BIRTHD		DER 1 YR.	IF UNDER 24	4 HRS. 2c. DA MIN. PRONO DE	UNCED .		DAY YEAR	2d. HOUR
	調り	7a. BI	RTHPLACE (51 REIGN COUNTRY) France	ATE OR	76 CITIZEN OF WH		10		VER MARRIED	77	nt Co			AND.
BAY IS N	100		TY OR TOWN O			PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Col. Manor	Apt			Secreta		OF WORK 121	OR INDUSTR	SINESS
21201 AND 31	0000	13a. S		IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV TY	13c. CITY OR TOWN Chesterto	on) WN	13d. INSIDE CIT	TY LIMITS? 1	3e STREET ADD	RESS Manor A	pt 6	A 216	20
EATH. IF SELL 2.	147	14. FA	THER'S NAME	acques Pi	erice Sag	ge		15 MOTHE Mar	R'S MAIDEN	chin	MIDDLE		LAST	
BALTIMORE, MD. 2120 S. AFTER DEATH. IF ANY GIVE PAGES 1. 2. AND	PAGES 1 PAGES 1	16a. V (Y	VAS DECEASED ES, NO, OR UNKNO NO	VEVER IN U.S. ARA		076 42 37		Wm. G			ne ADDRESS ertown, M		21620	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD." PENDING" IN PENDIL IN TERM TE	THE CHELL TREADS. THE CHELL TRANSIT PER THE CHELL TRANSIT PER THE CHELL THE CHELL TRANSIT PER THE CHELL CHEMATION, OR REMOVAL.	z	Condition gave ris cause (a) lying caus	ATH WAS CAUSED IMMEDIAT is, if any, which e to immediate stating the under- se last.	DUE TO, OR (c) (c)	terioscler AS A CONSEQUENCE PRONTY Hea AS A CONSEQUENCE	of rt Di	sease			ease		APPROXIMATE BETWEEN ONSET	AND DEATH
F VITAL RECO	E USED AS TOF HEAL URIAL, CR	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORA	MED?				20 AUTOPSY?	NO X
DIVISION OF V	PAGE 3 SHOULD BE US STATE DEPARTMENT OF \$ 21201 PRIOR TO BUR	MEDICAL CER	UNDERLYING CONTRIBUTION 21d INJURY O	G CAUSE OF	P.M.	INJURY MONTH DAY YEA 19 OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOC	CATION TREET	OCCURRED	ENTER NATURE OF	INJURY IN ITEM 18 PA	ART FOR PART 2		STATE
DICAL EXAMINER: THE CERTIFICATE, TO	TO FUNERAL DIRECTOR: PETER PARTIEST A STATE OF THE STATE		death resulte	Rober	K W. Farr	rrbed abave, held an	Autops	Hamici TITLE (SF D. <u>De</u>]	puty	Undetermined MEDICAL EX	manner .		3-13-8	7
TO ME	PATER BATER	23a.B	EXAMINER'S I (TYPE OR PRIN URIAL, CREMAT PECH BUT 1 A	ION, REMOVAL 2	County 3/15 /87	234 NAME OF CE		ADDKE22		23d. LOCATION		COUNTY		ATE
	MH - 17 15 ME (5))		MERAL DIREC		U Modress	J. Willis Chestertow	Wells	5 2		near 20 198	Chester	town,	SAA TRE	

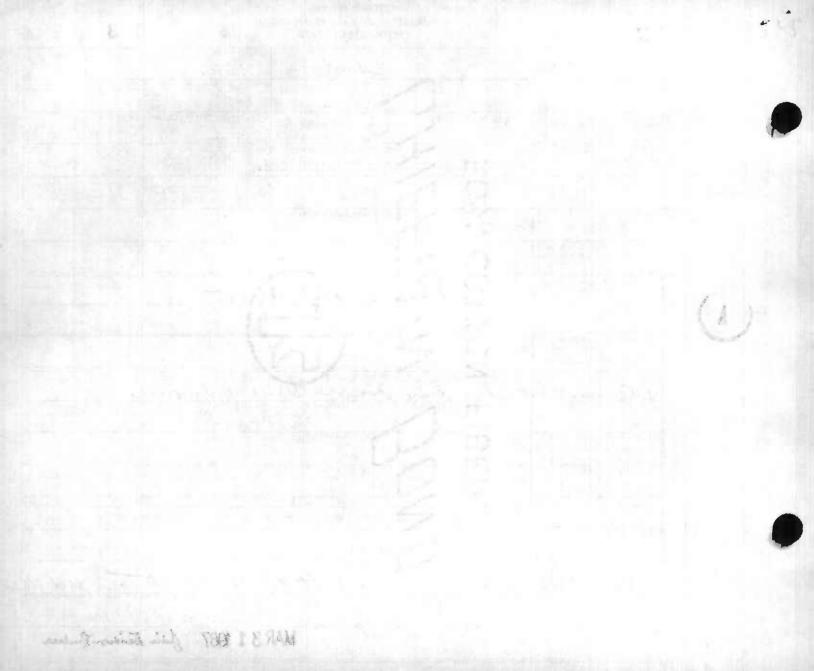
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 REG. NO.	0	8	4	

AP	L	FOR STATE REGISTRAR			DEPARTI	MENT OF H	8 9	97			
			FIRST	N	AIDDLE	· ·	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR D
6	TTYPE	OR PRINT)	Jame	S		N	lorwood (Jr)	3/27/87			3 P
	3 SE)	(4 RACE		5. DATE C	OF BIRTH	6 AGE LIN YEARS LAST BE			IF UNDER 24 HRS
Э	Ma	ale	18	whit	e	Mar	2, 1904 YEAR	83	YRS	ONTHS DATS	HOURS MIN.
1000		RTHPLACE (STATE OR FOR	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
2		laryland		USA		WIDOWE	D NEVER MARRIED DIO	17 FINITE			MD.
7		TY OR TOWN OF DEATH	Н	11. NAME OF H	OSPITAL, NURSIN HEACUITY, GIVE STREET & ULLEET	IG HOME C	es Hospital, In	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Print			BUSINESS OR
1	USUA	AL RESIDENCE (IF NURSING					S HOSPICAL, III		-1	11	
2			Kent	F	ock Hall	N	YES NO	13e STREET ADDRESS Chespeake		$\propto 16$	561
0	14 FA	THER'S NAME FIRST Jame	s	Norwood	LAST (Sr.)	15. MOTHER'S MAIDEN NAM			LAST	
1		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECL	RITY NO.	17 INFORMANT	640 PDR	EBoch I	Raven B	Lvd
	()	no	(IF YES, GIV	E WAR OR DATES)	212 03 73	255 A	Juliet Hasti	ngs Balti	more, 1	1d. 212:	39
4		18 CAUSE OF DEATH PART I. DEATH WAS	(Enter an	y one cause per	line for (a), (b), an	dic				BET WEEN ON	ATE INTERVAL
				D BY: E CAUSE (a)	Cardio	puli	umany a	nest			
				DUE TO, OF	R AS A CONSEQU	ENCE OF	0				
		Conditions, if any, v		((b)_							
1		gove rise to imme cause (a), stating	the	DUE TO, OF	R AS A CONSEQUI	ENCE OF					
		underlying cause	last	(10)							
	7	PART 2 OTHER SIGNIF	FICANTO	ONDITIONS CO	NTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COM	NDITION GIVE	N IN PART 110	
	CERTIFICATION	OChron	0	struct	we Kun	4 6	sease (1)	or-pulu	ional	٠,	
7	ICA	190 DATE OF OPERATIO	NC	196. CONDI	TION FOR WHICH	PERATIO	N WAS PERFORMED	200 AUTOPSY	20b IF YES, IN CERTIFY	WERE FINDING	S USED F DEATH?
1	RTIF							YES NO	YES		NO 🗆
2		210. ACCIDENT WAS UNDER		1100110 0 1	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT I OR PART 2)	
50	ICAI	(IF EITHER NOTIFY MEDICAL	EXAMINER	P./		19					
3	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (OF INJURY EET, FACTORY, OFFICE I	ARM, ETC }	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		22 g. I certify that (I) (t)		(al) attanded the	doceased Isam	8/30	1984	. 3/27		9_87th	
	18	sow the deceased	alive an	3/27/87	7 19		nd that in (my) (pur) opinian d	leath accurred an the o			out (I) (we) last
		abave, (1) (we) (did 27b. SIGNATURE	(did.se	view the bady	atter death		DEGREE			22t DATES	IGNED
		1/-1	6/1	lem		n	1D ATTENDING	MEDICAL STA	CIAN []	3/27	/87
1		22d. PHYSICIAN'S NAM	AE (TYPE O	R PRINT)			22e ADDRESS	, oweclose Tills	CIAIT		
/		KIN	KU	E WUI	V		216 the	St. C	rester	lown	and 2162
	23a B	SURIAL, CREMATION, RE	MOVAL	236 DATE	236 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Cr	emation		3/31/	87 Gr	eenmou	int Crematory	Greenmoun	t Ave.	Baltime	ore, Md.
4	24 FY	MERAL DIRECTOR	1 ,	00	J. Will	is We	11s 25MAT	RES DEBY DECIMAL	25H REGISTE	PSSIGNATI	RE .
	-	Hull	,W	ells	Cheste	rtown	, Md.	10 T 1901	Sure !	March No. (The state of the s

DHMH - 16 60M 7/84 (VRA 15, 4)

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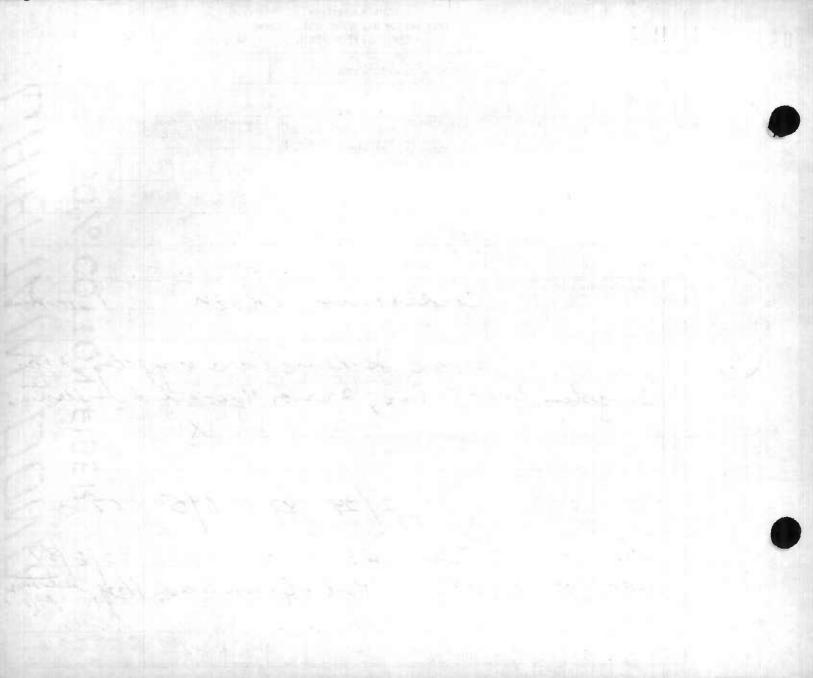


6		1.	FOR			DEPART	STA MENT OF	TE OF M			IYGIEN	NE .				
148	8 8 1 APR -		TREGISTRAR		MEI	DICAL	EXAMIN	ER'S C	ERTIFI	CATE	F DE	TH /	REG. N	8 6	64 9	8
	33 % S F.		PE OR PRINT)	NE FIRST CHAR	LES E.	PORT	ER	L	AST	1			KNOWN ESTI-	Mar.	29 84	26. HOUR A L:00
	Y, PLEASE VIRECTOR. VUR. FILES. 72 HOURS	3 SI Ma	x 1e	4. RACE white	Apr 9,1	903 YEAR	6. AGE (IN YE LAST BIRTHO	ARS IF UNI	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE	NCED	. 29.	DAY YEAR	8:30,
	HEGESARY, PLEASE UNEAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRETON STREET,		SIRTHPLACE (SOREIGN COUNTRY) 1 ryland	STATE OR	76. CITIZEN OF WE			9		VER MARR		114			Y OF DEATH	
	PAGE S	10. G Rc	ck Hall	1	11 NAME OF HOS (IF NOT IN SUCH FA	Inn	North	OR OTHE	RINSTITU		12a USI	MOST OF WOL	PATION (TYP TRING (IFE)	126 KIND OF E OR INDUS actor		
	AND 3	130 Ma	ryland	13h COUN	OR OTHER INSTITUTION, GI NTY NE	113c. CITY	OR TOWN Hall,		YESXEX	NO 🗆			Måin S	it.	21661	
# WX< <w =_<="" td=""><td>Smitĥ</td><th></th><th></th><th>LAST</th><td></td></w>									Smitĥ			LAST				
	ALTIMO AFTER STATE PACES I ANGES I	16a.	WAS DECEASE YES, NO, OR UNKNE NO	D EVER IN U.S. AR OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		09 196		Zoa	Ann F	Redma		over,		ry Vil. 19901	lage A
	HOUSE WILLIAMS		18 CAUSE C	EATH WAS CAUSE	TE CAUSE (a)	obab.	le rupi		aort	ic an	eury	sm			APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
	UTED WITHIN 2 IN PREST, IN PENCIL IN SECURITY OF MAINTER MEDITAL HYGON, ON ON OR REMOVE		gave r	ons, if any, which ise to immediate to stating the <u>under</u> ouse last.	(b) Ar	rteri	SEQUENCE (otic o	eardi	ovasc	ular	dise	ase			
	BE EXECUTED IN THE PROPERTY OF	NO	PART 2 DTHER 5	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEASE	DR CONDITIO	N GIVEN IN PA	RT I (a					
	DIVISION OF VITAL RECORDS S CRETIFICATE SHOULD BE EXERGITING THE WORD "PENING ROPE TO THE CHIEF MEDICAL BE USED AS IN BE EXCHANGED BE USED AS IN BE EXCHANGED BE USED AS IN BE EXCHANGED BE USED AS IN BE AN ALL OF HEALTH IN BOTH THE BENEAUTH OF THE BENEAUTH AND BENEA	CERTIFICATION		190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPS			
	CERTIFICATE TING THE WOED TO THE SENDENDE BENEATH EN			AL CAUSE WAS G OR ING CAUSE OF	DEATH P.M	. MONTH	DAY YEAR	21c. HO	W INJURY	OCCURRE	D (ENTER	NATURE OF IN	JURY IN ITEM 18	PART I OR PAR	RT 2)	
	DIVISI HIS CERT WRITINK VARDED AGE ATE PIZOI FIL	MEDICAL	21d INJURY O	OCCURRED NOT WHILE [AT WORK	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, E		211 LOC	ATION			CITY OR TO	wn	cou	UNITY	STATE
	TO MEDICAL EXAMINER: THIS CER. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 2 AFTER DEATH, WITH THE STATE DEATH WORTH WAS A STATE DEATH WAS A STATE DEATH WORTH WAS A STATE DEATH WAS A STATE D			ted from Natu	ge of the remains des	Accident		Autopsy	Homic TITLE (S	Inspection cide	Undet	Inquiry termined mo	onner ,	nd in my ap DATE SIGNEI	3/19/	187
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH	3	EXAMINER'S (TYPE OR PRI		County			A	.DDRESS_	Cheste	ertow	vn, Mo	1. 216	20		
	BP		Burial		236. DATE 1rch 31 19	87 C	hester	Ceme	tery		Che		own,			STATE
5	DHMH - 17 (VR A15 ME (5))	24	FUNERAL DIREC	Illis	Works		Willis tertow		0	MAR MAR	31	REGISTRA	R 256 REGI			
	20M 4/82		1													

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STATE OF MARYLAND 048326 MAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME TO DATE KNOWN MONTH DAY LTYPE OR PRINTS OF ESTI-DEATH MATED 3/23/8710 DELAY IS NECESSARY, PLEASE
31 TO THE FUNERAL DIRECTOR.
W. PAGE 5 FOR YOUR FILES.
BE FILED, WITHIN 72 HOURS.
W. SOU W. PRESTON STREET, BERTHA M. PRICE 6. AGE (IN YEARS IF UNDER I YR. 3 SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 8/3/1907 female white Mar. 23, 1987 DEAD YRS TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED E NEVER MARRIED Baltimore USA WIDOWED [DIVORCED Kent O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1176 KIND OF BUSINESS OR INDUSTRY Kent & Oue en Annie Hospital Chestertown 2, AND 3 TO TETAIN PA Secretary ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN 21646 P.O. Box # Kent Lynch Maryland YESXX NO [] 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles E. Young LAST Victoria Booker 17. INFORMANT 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. P. ODDRBOX I (IF YES, GIVE WAR OR DATES) 218 34 9577 C. Roland Price no Lynch, Md. 21646 IR CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (History suggestive of Myocardial Infarction) gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "F PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTMORE, MARYLAND, 21201 PRIGR TO BURIAL, YES [] NO W 214 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED. LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 718 PLACE OF INJURY TATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I taak charge of the remains described above, held on Natural causes X death resulted from: Hamicide L Undetermined monner TITLE (SPECIFY) DATE 3-24-87 M.D. Deputy MEDICAL EXAMINER SIGNATURE. Robert W. Farr EXAMINER'S NAME ADDRESS_Chestertown, Md. 21620 Kent Co. (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION OUEENSTOWN St. Peters Cemetery March 28, 1987 near BP ADDRESS J. Willis Wells 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. **DHMH - 17** (VR A15 ME (5)) Chestertown, Md. 20M 4/82



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1461	02 MAI	-	STATE M, E, 3/1 REGISTRAR	718/ 14M	EDICAL EXAMI				-	REG. NO	8	5	0	9
	11111		CEASED NAME FIRST	-	-		LAST		20. DATE KI	NOWN K	MONTH	DAY	YEAR	25 HOUR
12	N KIN KIN		Juan	n Co	rrea	1	Telez-		OF DEATH A	ESTI-	3	1 19	87	
12	PET TE	3. SE	4 RACE	5. DATE OF BIRT			NDER 1 YR. IF UNDER		2c. DATE		MONTH	DAY		2d. HOUR
9	AL DIRECTOR YOUR FILES IN 72 HOURS STON STREET.	111	ALE White	04 0	5 45 41	YRS.	HS DAYS HOURS	MIN.	PRONOUNC DE AD	ED	3	1 10	87	24 HOUR 8:31
100	A PRESENT		RTHPLACE (STATE OR DREIGH COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARR	ED B NEVER MARK	RIFD	BALTIMO	RE CITY OR	COUNT		TH	
1		15	IELTO FICO	TUEK.	KICO	WIDOW	VED DIVOR		Kei	nt Cou	nty			MD
× ×	HANNE WAR		TY OR TOWN OF DEATH	# (IF NOT IN SUCH	SPITAL, NURSING HOA			12a USU	AL OCCUPA	TION (TYPE O	F WORK	126 KIND	OF BUS DUSTRY	INESS
4140	2, AND 3 OF 12 SHOULD FEEL OF		hestertown	Kent &	Queen Anne	Hosp	ital	LA	13010	K'				
201 N	AND SELTA	13a. S		UNTY	GIVE RESIDENCE BEFORE ADMIS	SION)	134 INSIDE CITY LIMITS?	13e STRE	ET ADDRESS	5	334	G	00	an.
D. 2	SE SE SE	14.5	ATHER'S NAME	K160			YES NO					-	74	17
MALTIMORE, MD. 2120	5695/4	V	JULIO "	MIDDLE	CORPEA		15. MOTHER'S MAID FIRST MARIA	EN NAME	MIDE	OLE		LAST	_	0
NOR S	8 - 8 A	160.	VAS DECEASED EVER IN U.S.	APMED FORCES	166. SOCIAL SECURI	TV NO	17 INFORMANT	TIVA				VEZ	te	
LTIA	Sign	()	ES, NO. OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	581-98-1			FAM	11-4	ADDRESS REC	NP;	20		
¥ 8	5 4 4 5	H	18 CAUSE OF DEATH (Enter	poly one saus per li		101	1 ,	71.	/ /	1000	1-1			
TS N	10 EV		PARILISEATH WAS CALL	CED BY	rterioscler	otic	Cardiovaca	2122	Diagon			BETWEEN	NONSET A	NTERVAL
PRESTON ST	EOMB		IMMED		R AS A CONSEQUENCE		Carulovasc	ular	Diseas	se		+		
7 FE	E KENTE		Conditions, if ony, whi											
M. M.	THE PERSON		gave rise to immedia couse (o) stating the <u>unde</u>		R AS A CONSEQUENCE	OF		100	10.					
	ON A PE		lying cause lost.	(c)										
DIVISION OF VITAL RECORDS. S CERTIFICATE SHOULD BE EXECU	ORD "PENDING" IN CHIEF MEDICAL EX E USED AS A BURIA COF HEALTH AND A URAL, CREMATION		PART 2 OTNER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TER	MINAL DISEASI	E OR CONDITION GIVEN IN PA	ART 1 (a).						
ECO	A SEPENDER OF SEPE	CERTIFICATION												
VITAL RE	SED SED	ICA	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION W	'AS PERFORMED?			The latest		20 AUTO	OPSY?	
VIT SE	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	RTIF	210 EXTERNAL CAUSE WAS	ON VINE								YES		NO 🗌
IVISION OF	프트를필요		UNDERLYING OR		M. MONTH DAY YEA	R 21c. HC	OW INJURY OCCURRE	D (ENTERNA	ATURE OF INJUR	IN ITEM 18 PAR	1 OR PAR	T 2)		
SION	SHOPAR	MEDICAL	CONTRIBUTING CAUSE O		OF INJURY (AT HOME.	211.10	CATION							
S CE	REDE HEDE	WE	WHILE NOT WHILE AT WORK	STREET, FAI	CTORY, FARM, ETC.)		TREET		CITY OR TOWN		COU	YTM		STATE
THIS	EXECUTE THE CERTIFICATE, WRITING THE WORD "F PAGE A SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED THE PEATH, WITH THE STATE DEPARTMENT OF HIE BATTIMORE, MARYLAND, 21201 PRIOR TO BURAL.		THE RESERVE OF THE PERSON OF T	1			F3							
a a	A SE		72s. I certify that I tooly Con	/ IVY	skribed above shild an	Autops	Inspection	n .	Inquiry], ond ii	my op	inion		
A M	RTIF S BE REC //TH RYL	-	deoth resulted from	tyral phines Lad.	Accident 5	ricide	, Homicide	Undeter	mined mann	er .				
M N	A A POST		ACTUAL SIGNATURE	el /	KIM		TITLE (SPECIFY)	-			DATE	2 0		
5	SE SE SE	1		-	100	M.	D. Assistant	MEDIC	CALEXAMIN	ER	SIGNE	3-2	2-87	
WE	TO SE LE		EXAMINER'S NAME Char	les P. Kol	Kes, M.D.		ADDRESS 111 Pe	enn St	t. Ba	Ito.	MD	21201		
ans	X 4 0 - 1		IRIAL, CREMATION, REMOVAL	23b DATE	134 NAME OF CE			23d LOC			- 45			
1/1/8	144	E	MRIAL	3-6-198	/ MATINI	DINZO	& P.R.	MI	4 ETTA	IEZ	Coun	P.	STATE	
Troop .	DHMH 17	24 FL	NERAL DIRECTOR	ADDRES	51 / / / /	((EGISTRAR	256 REGISTR	AR'S SI	GNATURE		
(VI	R A15 ME (5))	1	JONES F	MUERALT	tome blA-	SEOK	ON. S. MAF	₹05	1987	- Selies	Fish	4	- Single	

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